

TOWN OF EAST WINDSOR
Parks and Recreation Department
11 Rye Street
Broad Brook, CT 06016
(860) 627-6662

Special Program/Event Registration Form

Program/Event: Summer Softball Camp

Participant's Name _____ Age _____

Address _____ Tele: _____

Email Address: _____

Emergency Contact _____ Tele: _____

Special Concerns _____

Payment Enclosed \$ _____ Method: Check # _____
Cash _____

I understand that injuries are a possibility as a result of participation in this activity. In case of emergency, if family cannot be reached, I hereby authorize any attending Emergency Department Physician to treat me. I also understand that my own medical insurance will be used in the event of an injury.

I agree to hold harmless the Town of East Windsor, the Parks and Recreation Department, the East Windsor Board of Education, the CT Tigers Travel Program, it's officers, sponsors, agents, employees and anyone else associated with the program, from any loss, blame, expenses, injuries, property damage and liability whatsoever that may arise from participation in this program.

Signature: _____ Date: _____

****Payment / Refund Policies**

We accept cash and checks payable to "East Windsor Parks and Recreation." Returned checks will be charged a \$25 fee.

Please keep as your receipt:

Program Name: _____ Payment Amount: _____ Check # or
Cash _____ Date: _____